

Fill in this information to identify the case:Debtor name Vanguard of Memphis, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEECase number (if known) 3:16-bk-03318☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 25, 2016**X /s/ John T. Fick**

Signature of individual signing on behalf of debtor

John T. Fick

Printed name

Chief Financial Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Vanguard of Memphis, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:16-bk-03318**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 14,300,889.80
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 1,049,365.30
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 15,350,255.10

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 79,903,005.33
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 239,773.76
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 865,507.49
4. Total liabilities Lines 2 + 3a + 3b	\$ 81,008,286.58

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12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Pinnacle****Checking****6422****\$13,118.10**3.2. **Pinnacle****Checking****8454****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$13,118.10**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **2006 Beginning Balance****\$53,652.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor Vanguard of Memphis, LLC
NameCase number (If known) 3:16-bk-03318**Nursing, Drugs, Food,
HSKP Supplies, Laundry
and Linen****\$36,258.25****\$36,258.25**23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$36,258.2524. **Is any of the property listed in Part 5 perishable?**☐ No☒ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes. Book value**36258.25**

Valuation method

Cost

Current Value

36258.2526. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Miscellaneous Office Furniture	\$7,484.65		\$7,484.65
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Miscellaneous Office Equipment	\$294,326.29		\$294,326.29

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$301,810.9444. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

Debtor Vanguard of Memphis, LLC
NameCase number (If known) 3:16-bk-03318

- ☐ No
☒ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1.

**107 Miller Drive,
Repley, WV 25271****Owner****\$0.00****Appraisal****\$14,300,889.80**56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$14,300,889.80**

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**60. **Patents, copyrights, trademarks, and trade secrets**61. **Internet domain names and websites**62. **Licenses, franchises, and royalties
State Facility Operating Licenses****\$0.00****\$0.00**

Debtor Vanguard of Memphis, LLC
NameCase number (If known) 3:16-bk-03318Medicare/Medicaid Provider Numbers\$0.00\$0.00Medicaid Nursing Home License\$0.00\$0.0063. **Customer lists, mailing lists, or other compilations**64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor Vanguard of Memphis, LLC
NameCase number (If known) 3:16-bk-03318**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$13,118.10</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$61,041.01</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$637,137.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$36,258.25</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$301,810.94</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$14,300,889.80</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,049,365.30</u>	+ 91b. <u>\$14,300,889.80</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$15,350,255.10</u>

Fill in this information to identify the case:Debtor name **Vanguard of Memphis, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:16-bk-03318**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Healthcare Financial Solutions, LLC Creditor's Name c/o Quarles & Brady Renaissance One, 2 N. Central Ave. Phoenix, AZ 85004-2391 Creditor's mailing address Creditor's email address, if known Date debt was incurred 07/29/2011 Last 4 digits of account number 4378 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Substantially all property Describe the lien Mortgages and Financing Statements Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$73,912,238.33	\$135,200,000.00

2.2	Healthcare Financial Solutions, LLC Creditor's Name c/o Quarles & Brady Renaissance One, 2 N. Central Ave. Phoenix, AZ 85004-2391 Creditor's mailing address Creditor's email address, if known Date debt was incurred 07/31/2012 Last 4 digits of account number	Describe debtor's property that is subject to a lien Accounts, Chattel Paper, Deposit Accounts, Other Personal Property Describe the lien Revolving Line of Credit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$5,990,767.00	\$7,048,501.00
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Debtor **Vanguard of Memphis, LLC**
NameCase number (if know) **3:16-bk-03318****0693****Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$79,903,005.
33**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Vanguard of Memphis, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:16-bk-03318**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address 5/1/16-5/6/16 Payroll Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,460.47	\$12,850.00
2.2	Priority creditor's name and mailing address Bureau of TennCare 310 Great Circle Road, 4-East Nashville, TN 37243 Date or dates debt was incurred 4/1/16-4/30/16 Last 4 digits of account number 3845 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Provider Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,580.65	\$58,580.65

Debtor	Vanguard of Memphis, LLC Name	Case number (if known)	3:16-bk-03318
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2.3	Priority creditor's name and mailing address City of Memphis P.O. Box 185 Memphis, TN 38101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,518.28	\$1,518.28
Date or dates debt was incurred		Basis for the claim: Personal Property Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Memphis City 125 North Main St., Rm 375 Memphis, TN 38103-2080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,890.08	\$11,890.08
Date or dates debt was incurred		Basis for the claim: Real Property Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address PTO	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$95,520.69	\$12,850.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Shelby County P.O. Box 2751 Memphis, TN 38101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,951.44	\$1,951.44
Date or dates debt was incurred		Basis for the claim: Personal Property Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanguard of Memphis, LLC Name	Case number (if known)	3:16-bk-03318
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2.7	Priority creditor's name and mailing address Shelby County 157 Poplar Ave., 2nd Fl Memphis, TN 38103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,285.59	\$15,285.59
		Basis for the claim: Real Property Taxes		
Date or dates debt was incurred		Is the claim subject to offset?		
Last 4 digits of account number		<input checked="" type="checkbox"/> No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address TN Dept. of Revenue 500 Deaderick St. Nashville, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,566.56	\$5,566.56
		Basis for the claim: F&E Taxes		
Date or dates debt was incurred		Is the claim subject to offset?		
Last 4 digits of account number 7656		<input checked="" type="checkbox"/> No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address ACCURATE HEALTHCARE INC 493 CAVE ROAD NASHVILLE, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$372.54
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3.2	Nonpriority creditor's name and mailing address ADP LLC PO BOX 842875 BOSTON, MA 02284-2875 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,138.27
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3.3	Nonpriority creditor's name and mailing address AIR GAS PO BOX 676015 DALLAS, TX 75267-6015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.70
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Debtor **Vanguard of Memphis, LLC**
NameCase number (if known) **3:16-bk-03318**

3.4	Nonpriority creditor's name and mailing address ALLSCRIPTS 24630 NETWORK PLACE CHICAGO, IL 60673-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,461.54
3.5	Nonpriority creditor's name and mailing address ALPINE BOTTLED WATER PO BOX 342467 MEMPHIS, TN 38184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.37
3.6	Nonpriority creditor's name and mailing address Ambassador Construction LLC 3127 Stonebrook Circle Memphis, TN 38116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,447.50
3.7	Nonpriority creditor's name and mailing address AMERICAN DATA PO BOX 640 SAUK CITY, WI 53583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,535.26
3.8	Nonpriority creditor's name and mailing address AMERICAN HEALTHTECH PO BOX 12310 JACKSON, MS 39236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697.17
3.9	Nonpriority creditor's name and mailing address ANGELA D. WATSON 14114 ASPEN LANE OLIVE BRANCH, MS 38654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.10	Nonpriority creditor's name and mailing address ASSURANT EMPLOYEE BENEFITS P.O. BOX 842573 KANSAS CITY, MO 64184-2573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.40

Debtor Vanguard of Memphis, LLC		Case number (if known) 3:16-bk-03318
Name		

3.11	Nonpriority creditor's name and mailing address AT&T P.O. Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,140.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$438.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address AVGUY.COM 535 SALMAR AVE SUITE F CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$790.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address BAPTIST MEMORIAL HOSPITAL P.O. BOX 1307 ATTN: ACCOUNTING DEPT COLUMBUS, MS 39703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$903.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address BD LOGISTICS PO BOX 13481 SPRINGFIELD, IL 62791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$142.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Beecher Carlson Master Trust P.O. Box 116531 Atlanta, GA 30368-6531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,436.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address BHC-LTC INSURANCE LTD. DMS House 20 Genesis Close P.O. Box 1344 Grand Cayman, Cayman Islands Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294,794.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Vanguard of Memphis, LLC <small>Name</small>	Case number (if known)	3:16-bk-03318
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3.18	Nonpriority creditor's name and mailing address BINSWANGER GLASS COMPANY PO BOX 740209 ATLANTA, GA 30374-0209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268.18
3.19	Nonpriority creditor's name and mailing address BIOTECH SYSTEMS P.O. BOX 1707 PELHAM, AL 35124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.25
3.20	Nonpriority creditor's name and mailing address BRANSON ELECTRIC 18 NORTH TUCKER MEMPHIS, TN 38104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
3.21	Nonpriority creditor's name and mailing address BTW TRANSPORTATION 831 BULLINGTON AVE. MEMPHIS, TN 38106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.22	Nonpriority creditor's name and mailing address BUDGET PUMPING SERVICE, INC. 1162 MARSHALL ROAD BRIGHTON, TN 38011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.23	Nonpriority creditor's name and mailing address CAMPBELL CLINIC PC PO BOX 848988 BOSTON, MA 02284-8988 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$419.54
3.24	Nonpriority creditor's name and mailing address Carol W. Napier, Asst. Regional Counsel Dept. Health & Human Svcs 61 Forsyth St., SW, Ste 5M60 Atlanta, GA 30303-8909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal Injury Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Vanguard of Memphis, LLC Name	Case number (if known)	3:16-bk-03318
--------	---	------------------------	----------------------

3.25	Nonpriority creditor's name and mailing address Carrie E. Yancey c/o Jehl Law Group PLLC 5400 Poplar Ave., Ste 250 Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal Injury Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.26	Nonpriority creditor's name and mailing address CASS INFORMATION SYSTEMS INC PO BOX 17617 CIS #92012 ST LOUIS, MO 63178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$591.20
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3.27	Nonpriority creditor's name and mailing address Cassand Dodson 5028 Misty River Rd. Memphis, TN 38135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.38
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3.28	Nonpriority creditor's name and mailing address CHRIS PHILLIPS DISTRIBUTING, LLC 2040 MADISON AVE MEMPHIS, TN 38104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.02
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3.29	Nonpriority creditor's name and mailing address CIT - CHICAGO 21146 Network Place CHICAGO, IL 60673-1211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.58
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3.30	Nonpriority creditor's name and mailing address COMP BENEFITS INS. - CD PO Box 219051 Kansaa City, MO 64121-9051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,753.22
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3.31	Nonpriority creditor's name and mailing address COMPBENEFITS - VS PO Box 219051 Kansas City, MO 64121-9051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,534.12
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Debtor	Vanguard of Memphis, LLC <small>Name</small>	Case number (if known)	3:16-bk-03318
--------	--	------------------------	----------------------

3.32	Nonpriority creditor's name and mailing address COMPREHENSIVE MEDICAL LLC 648 WEST BROADWAY BLVD WEST MEMPHIS, AR 72301 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.16
3.33	Nonpriority creditor's name and mailing address CONSOLIDATED MEDICAL STAFFING, INC 8 SOUTH EVERGREEN STREET MEMPHIS, TN 38104-3919 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,000.00
3.34	Nonpriority creditor's name and mailing address COVIDIEN P.O. BOX 120823 DALLAS, TX 75312-0823 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.35	Nonpriority creditor's name and mailing address CURASPAN HEALTH GROUP INC DEPT 2869 PO BOX 122869 DALLAS, TX 75312-2869 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
3.36	Nonpriority creditor's name and mailing address DAKOTA CORP 3121 SANDBROOK MEMPHIS, TN 38116 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.37	Nonpriority creditor's name and mailing address DELTA MEDICAL CENTER 3000 GETWELL MEMPHIS, TN 38118-2205 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.12
3.38	Nonpriority creditor's name and mailing address DIRECT SUPPLY BOX 88201 MILWAUKEE, WI 53288 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,946.44

Debtor **Vanguard of Memphis, LLC**
NameCase number (if known) **3:16-bk-03318**

3.39	Nonpriority creditor's name and mailing address ECOLAB INSTITUTIONAL PO BOX 9658 MINNEAPOLIS, MN 55440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.77
3.40	Nonpriority creditor's name and mailing address ELDERSCRIPT SERVICES 144 S THOMAS STREET STE 101-1 TUPELO, MS 38801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.84
3.41	Nonpriority creditor's name and mailing address EMERGENCY MOBILE HEALTH CARE, LLC PO BOX 382550 GERMANTOWN, TN 38183-2550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,800.00
3.42	Nonpriority creditor's name and mailing address EMPLOYMENT SCREENING SERVICES DEPT K PO BOX 830520 BIRMINGHAM, AL 35283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,791.25
3.43	Nonpriority creditor's name and mailing address EPS PRINT SOLUTIONS, INC. PO BOX 421008 ATLANTA, GA 30342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.45
3.44	Nonpriority creditor's name and mailing address EVERGREEN REHABILITATION PO BOX 890774 CHARLOTTE, NC 28289-0774 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,818.62
3.45	Nonpriority creditor's name and mailing address FEDERAL EQUIPMENT DEALERS INC 4800 SUMMER AVE MEMPHIS, TN 38122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,073.44

Debtor	Vanguard of Memphis, LLC <small>Name</small>	Case number (if known)	3:16-bk-03318
--------	--	------------------------	----------------------

3.46	Nonpriority creditor's name and mailing address FIRST CALL AMBULANCE SERVICE P.O. BOX 17345 NASHVILLE, TN 37217-0345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$894.46
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3.47	Nonpriority creditor's name and mailing address GAMMA HEALTHCARE 1717 WEST MAUD POPLAR BLUFF, MO 63901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,114.89
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3.48	Nonpriority creditor's name and mailing address GENERAL PLUMBING CO.INC 3104 BROAD AVENUE MEMPHIS, TN 38112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
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3.49	Nonpriority creditor's name and mailing address GRAINGER DEPT 856971130 PO BOX 419267 KANSAS CITY, MO 64141-6267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,157.34
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3.50	Nonpriority creditor's name and mailing address HD SUPPLY FACILITIES MAINTENANCE LTD P.O. BOX 509058 SAN DIEGO, CA 92150-9058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,695.82
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3.51	Nonpriority creditor's name and mailing address Healthcare Services Group, c/o Craig Hir Stevens & Lee 111 N. Sixth St. Reading, PA 19603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117,385.71
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3.52	Nonpriority creditor's name and mailing address INTERNATIONAL BUSINESS SOLUTIONS ALLIANC PO BOX 752168 DAYTON, OH 45475 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,246.04
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Debtor **Vanguard of Memphis, LLC**
NameCase number (if known) **3:16-bk-03318**

3.53	Nonpriority creditor's name and mailing address JOHNSTONE SUPPLY 3078 BROAD AVE MEMPHIS, TN 38112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,107.27
3.54	Nonpriority creditor's name and mailing address JUST MEDICAL INC 1071 JAMESTOWN BLVD D-6 WATKINSVILLE, GA 30677-4137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,147.88
3.55	Nonpriority creditor's name and mailing address Life Insurance Company of America P.O. Box 8500-110 Philadelphia, PA 19178-0110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.10
3.56	Nonpriority creditor's name and mailing address LINDE GAS NORTH AMERICA 24963 NETWORK PLACE CHICAGO, IL 60673-1249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,511.73
3.57	Nonpriority creditor's name and mailing address MANAGEMENT AND NETWORK SERVICE, LLC PO BOX 73996 CLEVELAND, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.58	Nonpriority creditor's name and mailing address MATTHEW ELECTRICAL CONTRACTOR INC 2900 BROAD AVENUE SUITE 1 MEMPHIS, TN 38112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,380.00
3.59	Nonpriority creditor's name and mailing address MEDIC ONE MEDICAL RESPONSE PO BOX 9150 PADUCAH, KY 42002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,139.05

Debtor **Vanguard of Memphis, LLC**
NameCase number (if known) **3:16-bk-03318**

3.60	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC DEPT CH 14400 PALATINE, IL 60055-4400 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,886.29
3.61	Nonpriority creditor's name and mailing address METHODIST HEALTH CARE MEMPHIS HOSPITALS PO BOX 75947 CHARLOTTE, NC 28275-0947 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.15
3.62	Nonpriority creditor's name and mailing address National Datacare Corporation P O Box 222430 Chantilly, VA 20153-2430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,364.55
3.63	Nonpriority creditor's name and mailing address NOVACOPY PO BOX 372 DEPT 200 MEMPHIS, TN 38101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,178.72
3.64	Nonpriority creditor's name and mailing address ON HOLD CONCEPTS INC 7121 27TH ST WEST UNIVERSITY PLACE, WA 98466-4623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.65	Nonpriority creditor's name and mailing address PATTERSON MEDICAL PO BOX 93040 CHICAGO, IL 60673-3040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.57
3.66	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC P.O.BOX 371887 PITTSBURGH, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,129.19

Debtor	Vanguard of Memphis, LLC Name	Case number (if known)	3:16-bk-03318
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3.67	Nonpriority creditor's name and mailing address POINTCLICKCARE PO BOX 674802 DETROIT, MI 48267-4802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,126.52
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3.68	Nonpriority creditor's name and mailing address PROVIDIGM LLC DEPT CH 19808 PALATINE, IL 60055-9808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$690.00
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3.69	Nonpriority creditor's name and mailing address QUALITY MOBILE X-RAY SERVICES INC P.O. BOX 110359 NASHVILLE, TN 37222-0359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,009.05
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3.70	Nonpriority creditor's name and mailing address RECALL SECURE DESTRUCTION INC 15311 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0100 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,515.36
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3.71	Nonpriority creditor's name and mailing address RECOVER CARE KEY BANK-LOCKBOX #713222 895 CENTRAL AVE CINCINNATI, OH 45202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,686.14
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3.72	Nonpriority creditor's name and mailing address RIDGE LAKE AMBULATORY SURGERY CENTER PLL 825 RIDGE LAKE MEMPHIS, TN 38120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$928.65
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3.73	Nonpriority creditor's name and mailing address ROBINSON AND ASSOCIATES PC DBA OCCUMED PO BOX 1000 MEMPHIS, TN 38148-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.00
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Debtor	Vanguard of Memphis, LLC Name	Case number (if known)	3:16-bk-03318
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3.74	Nonpriority creditor's name and mailing address S & S WORLDWIDE ACCOUNTS RECEIVABLE PO BOX 210 HARTFORD, CT 06141-0210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.02
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3.75	Nonpriority creditor's name and mailing address SEMMES-MURPHEY CLINIC PO BOX 1000 DEPT 575 MEMPHIS, TN 38148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.53
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3.76	Nonpriority creditor's name and mailing address SHERWIN WILLIAMS 7367 1601-D FRONTAGE ROAD VICKSBURG, MS 39180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.92
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3.77	Nonpriority creditor's name and mailing address Shirley Roberts c/o Jehl Law Group PLLC 5400 Poplar Ave., Ste 250 Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal Injury Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.78	Nonpriority creditor's name and mailing address SIMPLEX GRINNELL DEPT CH 10320 PALANTINE, IL 60055-0320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,482.05
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3.79	Nonpriority creditor's name and mailing address STANLEY CONVERGENT SECURITY SOLUTIONS DEPT CH 10651 PALATINE, IL 60055-0651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,557.09
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3.80	Nonpriority creditor's name and mailing address STAPLES BUSINESS ADVANTAGE DEPT DAL PO BOX 83689 CHICAGO, IL 60696-3689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,458.13
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Debtor	Vanguard of Memphis, LLC Name	Case number (if known)	3:16-bk-03318
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3.81	Nonpriority creditor's name and mailing address Stephen C. Messick, Est. of Claud T. Mes c/o Cameron Jehl, Jehl Law Grp, LLC 5400 Poplar Ave., Ste. 250 Memphis, TN 38119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal Injury Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.82	Nonpriority creditor's name and mailing address SUWANNEE MEDICAL PERSONNEL 817 N.W. 56TH TERRACE SUITE A GAINSVILLE, FL 32605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,261.34
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3.83	Nonpriority creditor's name and mailing address SYSCO-MEMPHIS 4359 B F GOODRICH BLVD MEMPHIS, TN 38118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,481.69
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3.84	Nonpriority creditor's name and mailing address THINK A NEW PO BOX 669 MADISON, MS 39130-0669 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,623.11
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3.85	Nonpriority creditor's name and mailing address TIGERDIRECT PO BOX 935313 ATLANTA, GA 31193-5313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$681.33
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3.86	Nonpriority creditor's name and mailing address TRANE PO BOX 406469 ATLANTA, GA 30384-6469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,594.04
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3.87	Nonpriority creditor's name and mailing address U.S. FOOD SERVICE 209 10TH AVE SOUTH STE 525 NASHVILLE, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,468.15
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Debtor	Vanguard of Memphis, LLC <small>Name</small>	Case number (if known)	3:16-bk-03318
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3.88	Nonpriority creditor's name and mailing address UNITED ELEVATOR SERVICES , LLC P.O. BOX 1301 KNOXVILLE, TN 37901 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.00
3.89	Nonpriority creditor's name and mailing address UPCHURCH INDUSTRIAL 6923 PASADENA DRIVE HORN LAKE, MS 38637 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,977.10
3.90	Nonpriority creditor's name and mailing address UT MEDICAL GROUP INC DEPT 156 PO BOX 357 MEMPHIS, TN 38101-0357 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.71
3.91	Nonpriority creditor's name and mailing address VERIZON PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
3.92	Nonpriority creditor's name and mailing address Walter Nelson, Estate of Joyce Nelson c/o Les Jones, Burch Porter & Johnson 130 N. Court Avenue Memphis, TN 38103 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal Injury Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.93	Nonpriority creditor's name and mailing address WEST CLINIC PC P.O. BOX 240728 MEMPHIS, TN 38124-0728 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,148.93
3.94	Nonpriority creditor's name and mailing address WHITE HEAD OIL CO. INC. 1221 RIVERSIDE BLVD MEMPHIS, TN 38106 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,348.15

Debtor **Vanguard of Memphis, LLC**
NameCase number (if known) **3:16-bk-03318**

3.95 Nonpriority creditor's name and mailing address

**YULETIDE OFFICE SUPPLY INC
1245 SYCAMORE VIEW ROAD
MEMPHIS, TN 38134**

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.***\$720.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts5a. \$ **239,773.76**5b. + \$ **865,507.49**5c. \$ **1,105,281.25**

Fill in this information to identify the case:Debtor name **Vanguard of Memphis, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:16-bk-03318**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Ashland Properties 91, LP****6 Cadillac Drive
Suite 310
Brentwood, TN 37027****Healthcare Financial Solutions, LLC**☐ D _____
☐ E/F _____
☐ G _____**2.2 Aurora Australis, LLC****6 Cadillac Drive
Ste 310
Brentwood, TN 37027****Healthcare Financial Solutions, LLC**☐ D _____
☐ E/F _____
☐ G _____**2.3 Boulevard Terrace, LLC****6 Cadillac Drive
Ste 310
Brentwood, TN 37027****Healthcare Financial Solutions, LLC**☐ D _____
☐ E/F _____
☐ G _____**2.4 Church Hill Properties, LLC****6 Cadillac Drive
Suite 310
Brentwood, TN 37027****Healthcare Financial Solutions, LLC**☐ D _____
☐ E/F _____
☐ G _____

Debtor **Vanguard of Memphis, LLC**Case number (if known) **3:16-bk-03318****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Eldercare of Jackson County, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	Elderscript Services, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	FL SNF Holdco, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Glen Oaks, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	GMJ LLP	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	GSJ LLP	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	HKJ Enterprise Partnership Ltd., LLP	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Vanguard of Memphis, LLC**Case number (if known) **3:16-bk-03318****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	Imperial Gardens Health and Rehab., LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Manchester Properties 2010, LLC	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.14	Palace RBS, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Ripley Properties 91, LP	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Shady Lawn, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	TMJ LLP	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	Vanguard Healthcare, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Vanguard of Memphis, LLC**Case number (if known) **3:16-bk-03318****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.19	Vanguard of Ashland, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	Vanguard of Church Hill, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	Vanguard of Crest View, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.22	Vanguard of Manchester, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	Vanguard of Ripley, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	Vicksburg Convalescent, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	Vicksburg PropCo, LLC	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Vanguard of Memphis, LLC**Case number (if known) **3:16-bk-03318****Additional Page to List More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.***Column 1: Codebtor**Column 2: Creditor*

2.26	Whitehall of Boca Raton, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	Whitehall OpCo, LLC	6 Cadillac Drive Ste 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28	WHJ LLP	6 Cadillac Drive Suite 310 Brentwood, TN 37027	Healthcare Financial Solutions, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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